LOS ANGELES COUNTY COMMISSION FOR CHILDREN AND FAMILIES

Kate Edmundson
Interim Executive Director

APPROVED MINUTES

The General Meeting of the Commission for Children and Families was held on Monday, **November 20, 2006**, in room 739 of the Kenneth Hahn Hall of Administration, 500 West Temple Street, Los Angeles. **Please note that these minutes are intended as a summary and not as a verbatim transcription of events at this meeting.**

COMMISSIONERS PRESENT (Quorum Established)
Carol O. Biondi
Ann E. Franzen
Susan F. Friedman
Helen A. Kleinberg
Sandra Rudnick
Adelina Sorkin
Dr. Harriette F. Williams

COMMISSIONERS ABSENT (Excused/Unexcused)
Patricia Curry
Hon. Joyce Fahey
Daisy Ma
Dr. La-Doris McClaney
Rev. Cecil L. Murray
Wendy L. Ramallo

APPROVAL OF AGENDA
The agenda for the November 20, 2006, meeting was unanimously approved.

APPROVAL OF MINUTES
The minutes of the November 6, 2006, general meeting were unanimously approved.

CHAIR'S REPORT
- Thanks to the generosity of Commissioner Biondi, the Commission's holiday party this year will be held at the Homegirl Café, an enterprise associated with Homeboy Industries, immediately following the December 18 Commission meeting. Chair

Kleinberg thanked Commissioner Williams and Vice Chair Sorkin for their help in brainstorming about the event, and further thanked Commissioner Biondi for making the arrangements. She also expressed appreciation to the Commission office staff for their early work to identify a suitable location.

- On December 6, Commissioner Williams, Vice Chair Rudnick, and Joanne Sturges of the Executive Office will conduct hour-long interviews with each of the six finalists for the position of Executive Director of the Commission. Vice Chair Rudnick thanked Commissioner Murray for his help in screening the numerous candidates that applied for the position and Chair Kleinberg expressed her pleasure at the quality of the applicants. The Executive Office has been a tremendous help during this process.

- Chair Kleinberg and staff from the Department of Children and Family Services recently attended a Probation Commission meeting to discuss possible joint work between the two commissions. Probation Commission members expressed interest in DCFS Commission committees, and will be kept apprised of their structure.

- Chair Kleinberg attended a recent meeting of the Los Angeles Mentoring Model (LAMM), created by the Board of Supervisors under the aegis of the Inter-Agency Council on Child Abuse and Neglect. This body is currently working out a structure through which the County can handle mentoring issues, and Chair Kleinberg encouraged other interested Commissioners to attend its meetings.

- At the Education Coordinating Council meeting on October 26, a detailed conversation occurred about information sharing among educational institutions, the courts, and County departments. Smaller school districts have expressed their willingness to release information, but the Los Angeles Unified School District has concerns about privacy requirements under FERPA (the Federal Educational Rights and Privacy Act), and the penalties it may be subject to for complying with Judge Michael Nash's blanket order to share educational records of foster and probation youth. Those involved hope to find language acceptable to all.

- Along with Title IV-E waiver strategies, a recent family reunification meeting discussed a drug and alcohol memorandum of understanding with the Department of Health Services. About $1.1 million was spent in the last three months of the year (because it took that long to put the MOU in place), but only 118 families were served. The group endeavors to find out, among other things, how these funds were spent and if the services provided were helpful to those families.

- Commissioner Williams recognized Sacha Klein, who was active on the residentially based services work group in her previous position as child welfare policy director for the Association of Community Human Services Agencies. Ms. Klein now serves as policy director for First 5 LA, working with its Partnerships for Families initiative.

DIRECTOR'S REPORT

- Los Angeles County is still in discussions with the State about funding the Title IV-E waiver, director Trish Ploehn said, and representatives from the Chief Administrative Office, DCFS, and Probation traveled to Sacramento last Tuesday for talks.

  Prevention has been added to the six action steps DCFS announced to the Commission earlier this month, making a total of seven priorities. These initial strategies for waiver implementation were winnowed down by the department's executive team from the 200 put forward by the community input process, and are meant to be a 'first cut' at top-priority areas—low in cost to implement (because no reinvestment dollars are yet available), quick to get up and running, and high-impact in nature. Once results are seen, more strategies will be added.

  The Probation Department has developed a separate set of priorities, most of which are comparable to DCFS's. Both departments' priorities will be blended into the waiver implementation plan prior to its submission to the state, and the expenditures on which the state funding will be based will also be combined.

- Ms. Ploehn distributed a draft organization chart—awaiting Chief Administrative Office approval—that shows the realignment of her executive-level staff. The chart is substantially similar to another recently shared with Commissioners, except that the four service bureaus now report up through the Chief Deputy/Senior Deputy Director (Jackie Acosta is acting Senior Deputy Director, pending approval) to Ms. Ploehn, and the finance and administration section and the information technology section report up through Susan Kerr to Ms. Ploehn. These changes will help align the department's Management Appraisal and Performance Plan (MAPP) goals with its structure. Ms. Ploehn will share MAPP goals with the Commission when they are completed.

  MAPP goals are mandated by the County and managers are required to submit three to five goals they will achieve over the next year. These goals must start with a baseline, how things are as of September 1, in this instance, and need to be measurable, clear, and concise, including strategies on how they will be accomplished. Staff throughout a department build on the director's goals, which in Ms. Ploehn's case are:

  - ✓ Successfully implementing the Title IV-E waiver plan
  - ✓ Reducing the number of children in out-of-home care
  - ✓ Increasing permanency
  - ✓ Reducing the number of children in long-term foster care
  - ✓ Returning children home more quickly

Several times this year, when Chair Kleinberg has asked about something to do with education or agencies working together, she has been told that the issue was not important because it didn't align with the department's MAPP goals. With the Title IV-E waiver implementation being at the top of next year's list, Ms. Ploehn told her, matters such as building community partnerships and streamlining sister departments will definitely be relevant. If they don't happen, the waiver will not be successful.

- Los Angeles was the kickoff site last week for a national focus on Adoption Saturday, finalizing 206 adoptions on a single day. Media coverage was good, and both the Annie E. Casey Foundation and the Dave Thomas Foundation sent representatives.

- Ms. Ploehn distributed information on the Permanency Partners Program (P3), which focuses on children 12 and older who have been in foster care for two years or more and have no legal permanency plan in place. Retired social workers work with these youth individually to identify family members or other significant adults with whom the youngster can achieve legal permanency. Of the 380 youth who have gone through the P3 process, 80 are returning to the home of a parent, 116 are in the process of being adopted, and 184 are having a legal guardian appointed.

  Despite these encouraging outcomes, another 11,000 children remain in long-term foster care, and the 80 social workers in P3 cannot serve them all. The major initiative that will help with this overflow is concurrent planning redesign, which considers permanency options from day one of a child's detainment. The family finding initiative in the Title IV-E waiver plan will locate relatives prior to placement, hoping to divert children to placements with family members willing to offer legal permanency. No child should have to emancipate out of the foster care system.

  With regard to the age breakout of children in long-term foster care, Ms. Ploehn said that the split tends to be even between children over and under the age of 12. The P3 program works with older children because it is often harder to find legal permanency options for them, and because they are closer to emancipating at age 18. Whether or not a child is part of a sibling group can also complicate permanency issues, and Ms. Ploehn promised that Susan Kerr would provide Commissioners with the numbers of children in long-term foster care who also have siblings in care.

  Another key component in the P3 program is whether or not parents have rehabilitated themselves to the extent that they can be appropriate caregivers. Even when family reunification services are not ordered by the court, the child's parents are the first place that P3 workers look for positive relationships. Several success stories exist of reunifications with parents who had lost contact with their children, thinking they had been adopted. Formal placement with those parents may not be an option, but they can still be important people in their children's lives. And if reunification is an option, workers do whatever is necessary—help file a 388 petition, for instance—to make it happen. Chair Kleinberg asked about common characteristics in the 80 youth reunited with their parents, and Ms. Ploehn said that P3 program manager

Tiffany Collins would no doubt have those details. The P3 worker for one young man—convinced for the 12 or 14 years he'd been in the system that he had no family—found three grown brothers and a sister who had assumed for years that their sibling had been adopted. At last report, one of the brothers was driving out from the East Coast to meet the young man, determined never to lose touch again.

Commissioner Williams continues to learn of caregiver difficulties accessing Kin-Gap and other benefits, and Ms. Ploehn said that DCFS is still waiting for the State's guidelines for legislation extending the D or F rate paid to caregivers of special-needs children. Past rules terminated that funding when caregivers became legal guardians, which understandably deterred legal guardians from pursuing that arrangement. Clothing allowances and other benefits are still at risk, however, especially for children who go into guardianship at age 11 or 12 and then are denied participation in the independent living program, for example, later on. That can affect access to college, and the Community College Foundation is providing training on Kin-Gap and its extended benefits. Commissioner Williams cautioned against sending mixed messages about benefits, and Ms. Ploehn assured her that conversations in Sacramento are taking place and her staff is working on these issues.

Commissioner Biondi asked about follow-up with the young woman who recently testified before the Board of Supervisors that DCFS had made no attempt to get her adopted. Ms. Ploehn said that a detailed report had been submitted to the Board on the efforts made with that client, who is still in the system.

- DCFS was awarded one of 13 'adoption excellence' awards given nationally by the U.S. Department of Health and Human Services. The award cited the decrease in the length of time that children in foster care wait for adoption; as a result of the concurrent planning redesign (as yet rolled out in only 10 of the department's 18 regional offices), the length of time in out-of-home care has been reduced by 4.5 months, and the time for the home study has been reduced from 11.2 months to 5 months. This allowed DCFS to increase the number of children adopted within 24 months of detainment (a federally-mandated goal) from 14 to 20 percent last year.

- Vice Chair Sorkin asked about the department's policy regarding visitation prior to the detention hearing, since she is hearing from parents that they are not being allowed to see their children until after the court date. If the visits are monitored, what can the harm be? In terms of the children's mental health, seeing their family would likely be far less traumatic than being kept from them. Ms. Ploehn acknowledged that, in the past, the department did not encourage families to visit, but it is now trying to keep children in the home whenever that can be done safely. Her assumption is that practice in some cases has not caught up with policy, and she will look into it. Chair Kleinberg also asked about visitation while children are in shelter care, and what departmental policy is about children talking to their families on the telephone. Ms. Ploehn said that phone calls have always been allowed, but she will confirm that this practice is still universal.

MENTAL HEALTH ASSESSMENT

DCFS medical director Dr. Charles Sophy distributed a matrix showing the six medical hubs, the services they provide, their hours of operation, and the number of visits they received from July through September 2006. All six hubs provide forensic evaluations, to make decisions about detainment and to determine appropriate treatment plans, as well as initial medical examinations on newly detained children. Services are available during business hours—24/7 at LAC+USC Medical Center—with after-hours capabilities through the emergency rooms of the hospitals associated with the hubs. Depending on age and medical status, children are brought to a hub within a 72-hour (if they have a contagious disease or are otherwise medically compromised) to 30-day period following detainment. Transportation is provided by caregivers, which in areas such as the east San Gabriel Valley can mean a long drive. Freestanding clinics and doctors are being used for initial examinations there, and a taxi/transportation voucher pilot program is in place to make things easier. Children may continue going to the hubs for their primary medical care, or may transfer to (or resume seeing) local pediatricians. Wherever their care is provided, however, the hubs are able to track it. If their medical needs are severe, a hub may often admit them so they may be stabilized.

Although hub employees fall under the Department of Health Services, Dr. Sophy has ensured that each is staffed by doctors and nurse-practitioners trained in spotting the signs of abuse and neglect and in observing motor skills, developmental stages, and emotional indicators. Retaining appropriately trained full-time doctors in outlying areas such as the Antelope Valley remains a concern. Dr. Astrid Heger is training residents and other staff, and it is also possible that DHS may hire two additional doctors who can float as needed throughout county facilities. Nurse-practitioners always have physician back-up, however, and Dr. Heger is also working on setting up after-hours video capabilities in the Antelope Valley. If the demand exists, having hub services available 24/7 may be desirable, but DHS will make that decision. A DHS representative was asked to be part of today's presentation, but was not able to attend; Dr. Sophy will get that department's information for Commissioners.

With regard to the wait for a forensic evaluation, Dr. Sophy said that each hub has its own protocol during business hours; most require appointments for non-emergencies. After-hours waits may be somewhat longer, depending on the staff available at any given time. He is meeting with the Department of Public Health tomorrow to discuss the co-location of DCFS public health nurses in each hub, since they can see any child; DPH public health nurses may see only detained children. Both DCFS and DPH feel that the co-location plan should be tried for three to six months. (Hub medical directors and DCFS regional administrators were surveyed to determine that nurses rather than children's social workers should be co-located.) Chair Kleinberg asked if that meant that nurses would be removed from DCFS offices, and Dr. Sophy replied that empty positions would be filled and the load would be shared with the hubs during the trial period. If it works, the department will ask for the Commission's support in requesting more nurses.

Commissioner Williams questioned the low numbers of child visits at King/Drew Medical Center and Harbor-UCLA Medical Center as compared to LAC+USC Medical Center. Especially with point of engagement being implemented in South Los Angeles, those hubs should be seeing more cases. Donna Fernandez said that LAC+USC's around-the-clock hours of operation were responsible for part of the difference, along with the fact that DCFS's catchment design aligns LAC+USC with more offices than other hubs. DHS has assured Dr. Sophy that King/Drew's accreditation issue will not affect its hub.

If the Department's goal is to develop community resources, Chair Kleinberg asked, why are hubs not relying more on community agencies? Despite outreach from both DCFS and DHS, Dr. Sophy said, many clinics and individual practitioners don't want to be involved in labor-intensive assessments and evaluations, though they are happy to be supportive after the initial examinations. As the hubs evolve, community providers will be engaged to whatever extent they feel comfortable.

Commissioner Biondi asked about involving Stuart House in Santa Monica, a national model for over 20 years in working with youth traumatized by sexual abuse. Dr. Sophy said that he has collaborated closely with director Gail Abarbanel. Stuart House can perform forensic evaluations but not initial medical exams, simply because its associated emergency room cannot handle a high volume of children. Stuart House does have SART-certified staff (Sexual Assault Response Team), though, and is approved by the county to perform child abuse examinations. Commissioner Biondi asked to be kept apprised of any ongoing partnership.

At the hubs, mental health screenings are also conducted on all newly detained children, using California Institute for Mental Health standardized, age-appropriate tools. If those trigger red flags, information is passed into the first stage of the multidisciplinary assessment team (MAT) process, a collaboration between DCFS and the Department of Mental Health. Amaryllis Watkins, DCFS deputy director for service bureau 2, reported that the MAT process is fully operational in SPA 3 (the El Monte, Pasadena, Pomona, and Glendora offices) and SPA 6 (the Compton, Century, Hawthorne, and Wateridge offices), and the department is phasing in SPA 1. The MAT team interviews families and talks to schools regarding the child's educational needs, basing the case plan on a holistic approach to the child. The initial team decision-making session is held early in the detention process, prior to the MAT assessment, but a family group decision-making conference is held once the MAT findings are available. Caregivers are very pleased with how this process works, reporting an 85 to 95 percent satisfaction rate after the MAT meeting.

Twenty-five mental health agencies are contracted to do MAT assessments, and DCFS wants to expand that. There is a particular need for agencies with Spanish-speaking therapists. A comprehensive screening may take from 20 to 25 hours of a clinician's time. Approximately 70 percent of children entering the system meet the 'medical necessity' criterion, which is the threshold allowing EPSDT and Medi-Cal funding for mental health

services. According to Dr. Gregory Lecklitner from the Department of Mental Health, determining 'medical necessity' involves asking three questions:

- Does the child qualify for a diagnosis of mental disorder?
- Does this mental disorder bring significant levels of functional impairment, in terms of relationships with peers, family, school, etc.?
- Is there some reasonable prognosis that these impairments would improve with treatment?

Dr. Lecklitner believes that most children in the child welfare system meet those conditions, and the 30 percent who do not may be mostly very young children for whom the conditions don't translate well. (The population that does not meet the 'medical necessity' criterion is covered under the Child Abuse Prevention and Treatment Act.) But if one-quarter of DCFS children are under the age of five, and those can effectively be removed from that 30 percent, Commissioner Biondi questioned the high number of children now being found eligible for mental health services through EPSDT, which many children in foster care never qualified for in the past. Are children in the system so much more damaged now? What are the ongoing implications of labeling children in this way? How does the timing of these assessments—when children are traumatized by being removed from their families—play into the results? Both she and Chair Kleinberg asked for a more detailed analysis of the numbers presented.

Dr. Lecklitner acknowledged the intricacies of diagnosing children, especially with the ongoing stigma that mental illness carries in this country. Some clinicians in fact prefer not to provide a diagnosis; unfortunately, funding for treatment often depends on one. Marilynn Garrison noted that children with psychoses or major depression are relatively rare. Most are diagnosed with adjustment disorders because of their situation, as suggested, and can benefit from short-term or crisis counseling. An adjustment disorder can draw down EPSDT funding for six months, allowing time for symptoms to abate as the child is reunited with his or her family, or at least is stabilized in a safe situation. Commissioner Friedman asked about tracking the symptoms of attachment disorders and seeing if they are related to whether or not the mother had drugs in her system when the child was born. If that information is not already known, Dr. Sophy said, a Regional Center assessment for IQ, behavior, or educational disabilities can often uncover it.

EPSDT pays for children's treatment, Ms. Garrison said, but will not pay for assessing or serving families. Title IV-E waiver or Mental Health Services Act monies may ultimately provide funds for assessing parents prior to a child's detainment, but Ms. Garrison would first like to see waiver dollars used for assessments before children are removed. (Right now the MAT process is used only for detained children.) Youngsters are often brought into care because social workers are unable to assess the level of danger presented by the parents or living situation, and MAT assessments could help with treatment recommendations for both child and family.

The MAT process is inclusive, interviewing relatives, caregivers, and educators to design children's case plans that are individualized and specific. Family members often don't

want to talk directly to DCFS staff, and are more likely to open up to agency team members—sharing the fact that the mother was on drugs while pregnant, for instance. Commissioner Biondi asked about any trouble MAT staff has in getting cooperation from school districts, and Laura Andrade explained that team members have established good relationships with the schools, and try to get language into the minute order that will relieve any concerns. A face-to-face interview with the child's teacher or counselor can yield critical data, as can finding out if the child has an individualized education plan. Sometimes the MAT team models educational advocacy for the child's parents, teaching them how to obtain that same information on their child's behalf.

How much information are caregivers furnished, Chair Kleinberg asked, when they leave the hub after an initial exam? The full mental health assessment is not complete, yet the child is in their care for at least another 30 days. From the mandated privacy perspective, Dr. Sophy said, some medical information can be shared, but much mental health data cannot. Caregivers are provided with resource connections if appropriate, and information on any medications the child may be prescribed. He will work with DMH to obtain more specifics, and report back to the Commission.

Chair Kleinberg further asked what happens with the case plan after the family meeting that looks at the MAT assessment recommendations, and Lisa Parrish replied that a team decision-making permanency planning conference is held at the four-month mark. The TDM facilitators are beginning to be involved in MAT family meetings, and it may make sense for the MAT meeting to be a formal family group decision-making conference, with social workers leading that session. All the information is put into the child's court report, which the judge considers at the six-month hearing.

DHS is just beginning to provide manual data on the number of children going through the medical hubs, Donna Fernandez said, which is being checked against the figures DCFS keeps of children being detained. The suspicion is that not all newly detained children are being referred to the hubs, but it's not yet known why. Once the electronic M-Hubs system is in operation, it will allow for information transfers between hubs, but DCFS is working with the Chief Administrative Office to make sure the new system will not interfere with the state's CWS/CMS database. At present, MAT tracking is designed for administrative purposes and is being done centrally across all offices. One staff member tracks how many children are receiving assessments, the reasons they were referred to the department, who their social workers are, how many assessments have been completed, who the therapists are, etc. The information technology section of DCFS is designing a system to automatically track this information in such a way that DMH staff can provide input on diagnosis, services provided, and so on.

Data is also starting to come in from the hubs on the conditions that children present (emotional problems resulting from neglect or abuse, medical problems resulting from prenatal exposure to substances, etc.) so that resources can be developed to treat these conditions. Dr. Lecklitner agreed that Spanish-speaking provider capacity continues to be an issue, particularly in certain communities, and DMH is somewhat 'behind the curve'

with regard to resources for the youngest children in the system; Dr. Sam Chan has taken the lead for the department there.

Vice Chair Sorkin mentioned an upcoming conference in Albuquerque on the mental health of children from birth through age three, and asked about the numbers of children with co-occurring disorders such as drug or alcohol use. Dr. Lecklitner promised that information. On the age-appropriate screening tool, some questions about substances are posed to clients aged 5 to 12, but many more to clients 12 to 18, and any concerns are funneled into the MAT assessment process.

First 5 LA's Partnerships for Families contracts with some assessment and screening agencies, and Dr. Andrade said that DCFS is working with that initiative on cultural competency issues, mostly regarding point of engagement and MATs. PFF has been invited to look at DCFS's prevention and point of engagement data, so that all the evaluation pieces will come together. Commissioner Williams suggested that cross-evaluations between the programs might also provide more time for prevention efforts, since First 5 children are at risk but have not yet been detained.

The education specialists being placed in each regional office will be a resource for communicating with schools and school districts, but the child's social worker is responsible for updates to educators on the child's progress, especially if the child switches schools. Commissioner Williams suggested some kind of trigger to inform schools that there's a case file out there, even if it fails to follow the child. Information should be shared not only with caregivers and birth parents, Chair Kleinberg said, but with schools, child care centers, Regional Centers, and anyone who may have daily contact with the child. Both in the bureaus and with the line workers, Ms. Watkins said, an effort is being made to remind staff of the importance of communication with the education community.

Recent legislation requires a referral to Regional Centers for any child from birth to 36 months who may have a developmental disability, and DCFS is working with Regional Centers to come up with a county plan for identification, referral, and connection to resources, linking with education specialists and Regional Center teams in each office. Along with the mental health screening tools, DCFS would like to standardize a developmental screening to be used across the hubs to help identify children who should be referred to Regional Centers.

Chair Kleinberg thanked everyone for their participation in today's presentation, and suggested continuing the discussion about mental health services at another date.

PUBLIC COMMENT

Evelyn Mason thanked DCFS for the monthly meetings held for relatives in the eight service planning areas. She related the difficulties some of her grandchildren have faced as special-needs children in school, not being educated for employment, and by being misdiagnosed and prescribed psychotropic medications in error, prior to learning that developmental delays and learning disabilities were causing their behavioral issues. She

appreciates DCFS answering questions about D and F rates, and stressed the importance of getting correct information to caregivers.

MEETING ADJOURNED